HORMONE HERESY
Oestrogen's Deadly Truth

The promotion of synthetic oestrogens and oestrogen-mimicking chemicals is a major medical mistake and an unforeseen environmental health hazard.

Part 2

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Oestrogen is quite a high-profile hormone these days. For some, it represents the Golden Fleece that excites so many medical practitioners, pharmaceutical companies and writers in search of its miraculous properties. For others, oestrogen is a rather perilous hormone, fraught with many unknown and unspoken dangers. Most women are lost in the dark and bottomless abyss, somewhere between truth and fiction. All too often they are desperately confused about whether to trust their instincts or medical science. Their physical, emotional and mental health and long-term well-being hang in the balance.

The oestrogen story is similar to a modern-day thriller. It is a story of deception, betrayal, hidden agendas, propaganda and misinformation. As a story it could be quite entertaining, but as a real-life drama its effects are disastrous to the lives of tens of millions of women around the world.

Hormones are very powerful substances. Begin tampering with Nature's finely tuned messengers of life's processes and you are asking for trouble. This is especially true for women. A woman's psyche is intimately connected to her monthly flow of hormones. Hormones not only direct and determine her physiological processes, but also influence her emotional and psychological state. Besides creating myriad health problems, hormonal imbalance can undermine self-esteem, creativity, mental acuity and a healthy sex-drive.

Perhaps the bigger picture about the oestrogen story is the fact that the introduction of synthetic hormones, as a legitimate need of women, is basically experimentation under the guise of standard medical practice. As a result, medical science has expanded its control of women's lives.

Germaine Greer sums up the medical establishment's intrusion into a woman's hormonal health quite astutely when she says, "Menopause is a dream speciality for the mediocre medic. It requires no surgical or diagnostic skill; it is not itself a life-threatening condition; there is no scope for malpractice action. Patients must return again and again for a battery of tests and check-ups."[1]

Quite simply, tampering with a woman's hormones is tampering with her power.

Introducing Oestrogen Dominance

The natural design of the body is to produce the two hormones, progesterone and oestrogen, in a very sensitive and precise balance so that reproductive ability is maximised. These two hormones are closely interrelated in many ways and, although they are generally antagonistic towards each other, each helps the other by making the cells of a target organ more sensitive.

Oestrogen really isn't a single hormone. To be accurate, it refers to a class of hormones with oestrus activity (i.e., proliferation of endometrial cells in preparation for pregnancy). The oestrogens are named oestradiol and oestrone—both of which are implicated in stimulating abnormal cell growth when found in higher-than-normal amounts in the body—as well as oestriol, which is known to be cancer-inhibiting. Each type of oestrogen has a different function in the body. These oestrogens are produced mainly in the ovaries, although small quantities are secreted from the adrenal glands, the placenta during pregnancy, and fat cells.

When puberty arrives, oestrogen encourages in a girl the development of breasts and the expansion of the uterus. Oestrogen contributes to the moulding of female body contours and maturation of the skeleton. After that, it helps regulate the menstrual cycle and plays other necessary roles in maintaining bone-mass and keeping blood-cholesterol levels in check. When excessive quantities of oestrogen, regardless of source, are present in a

young woman's body they will contribute to the 'burnout' of her ovaries and undermine fertility.

In the case of progesterone, however, we are talking about only one specific hormone. Thus, progesterone is both the name of the class and the single member of the class. In the ovaries, progesterone is the precursor of oestrogen. Progesterone is also made in smaller amounts by the adrenal glands in both sexes and by the testes in males. It is the precursor of testosterone and of all important adrenal cortical hormones. From progesterone are derived not only other sex hormones but also corticosteroids, which are essential for stress response, sugar and electrolyte balance and blood pressure, not to mention survival.[2]

While oestrogen is the primary hormone during the first two weeks of a woman's menstrual cycle, fulfilling its role of preparing the endometrium for pregnancy, progesterone is the major female reproductive hormone during the latter two weeks of the menstrual cycle. Progesterone is necessary for the survival of the fertilised ovum, the resulting embryo and the foetus throughout gestation when production of the progesterone is taken over by the placenta.

There is a very delicate balance between the interplay of oestrogen and progesterone. If that balance is interfered with, devastating effects occur. Unfortunately, introduced synthetic hormones as well as environmental pollutants are presently wreaking havoc with our hormones.

"Oestrogen dominance" is a term that was first used by Dr John Lee. A retired medical practitioner from California, Dr Lee has spent the better part of the last two decades exploring the basis for the proliferation of such female problems as PMS, endometriosis, ovarian cysts, fibroids, breast cancer, infertility, osteoporosis and menopausal problems. From his clinical experience in the field of female health, as well as from his published research, Dr Lee believes that many women are suffering from the effects of too much oestrogen. He finds that stress, nutritional deficiencies, oestrogenic substances from our environment, and taking synthetic oestrogens, combined with an ensuing deficiency of progesterone, are the likely contributing factors to the creation of oestrogen dominance.

The following is a list of symptoms that can be caused or made worse by oestrogen dominance: acceleration of the ageing process, allergies, breast tenderness, decreased sex-drive, depression, fatigue, hair thinning, excessive facial hair, fibrocystic breasts, foggy thinking, headaches, hypoglycaemia, increased blood-clotting, increased risk of stroke, infertility, irritability, memory loss, miscarriage, osteoporosis, pre-menopausal bone-loss, PMS, thyroid dysfunction mimicking hypothyroidism, uterine cancer, uterine fibroids, water retention, bloating, fat gain (especially around the abdomen, hips and thighs), gall bladder disease and auto-immune disorders such as lupus and thyroiditis.[3]

In addition to the synthetic oestrogens, women are also prescribed synthetic progestins. They have been added to the oestrogen formula to offset the hazards of oestrogen drugs. Nancy Beckham in her book, *Menopause—A Positive Approach Using Natural Therapies*, was able to identify more than 100 adverse effects for the most commonly prescribed oestrogen and progestin medications.

According to Dr Lee, many of these common health problems can be offset by increasing the level of natural progesterone. The problem is not always that progesterone levels are actually lower than normal, but they are low in comparison to elevated oestrogen levels.

Due to increased exposure to these oestrogenic substances in the body, women become more affected by oestrogens made in the body from their mid-30s onwards. Around this time, women do not ovulate with every menstrual cycle. Since progesterone is made from the ripened follicle (corpus luteum), if there is no ovulation there is no corpus luteum formed and hence no progesterone made.

Stress, nutritional deficiencies and chemical pollutants all contribute to anovulatory cycles. The frequency of these anovulatory cycles increases as menopause approaches, changing the menstrual pattern to an either heavier or longer menstrual flow.

While not commonly understood by medical science, the growing incidence of anovulatory cycles, even in young women, and the ensuing hormone imbalance are creating huge health problems. Women of all ages are now exposed to a higher risk of the entire range of oestrogen-dominant conditions.

"Menopause *per se* should be regarded as a normal adjustment reflecting a benign change in a woman's biological life away from child-bearing and onward to a period of new personal power and fulfilment."

Oestrogen Dominance in the Environment

Extremely disturbing events are being reported globally about the alarming changes happening in the environment.

Not long ago in Lake Apopka in Florida, wildlife biologists discovered that strange biological effects were happening in the alligators living there. In 1980, a toxic spill occurred which dumped huge amounts of a pesticide similar to DDT into the lake. That event was almost forgotten until five years later when it was discovered that 90 per cent of the alligators had disappeared. Most of those that remained were incapable of reproducing or had no urge to mate. The males were born with penises that were not only 75 per cent shorter than average but were also deformed. Further testing indicated that their testosterone levels were so low that they hormonally resembled females. Moreover, the females had abnormal ovaries and follicles, described as "burned out".[4]

Recent reports show that strange fish caught in Port Phillip Bay in Victoria, Australia, were hermaphrodites. Similarly, a major British study revealed that male fish downstream from sewage treatment plants changed sex as a result of oestrogen chemicals which had not been removed from treated effluent.[5]

Dr Ana Soto, an endocrinologist at Tufts University in the United States, had been experimenting with cancer cells taken from the breast and then cultured. She found they would only grow if they were fed oestrogens. One day, the test simply stopped working. The cancer cells continued to grow for four months, even when no oestrogens were fed to them. Dr Soto then realised that the manufacturer of the flasks she had been using had started to use a different plastic—one that, when it becomes warm, releases minute quantities of the oestrogen-like compound, nonylphenol! Her tissues samples were being contaminated by the xeno-oestrogens from the plastic flasks![6]

The widespread use of herbicides, pesticides and plastics have created a problem that has never before existed on this planet. We are polluting our environment and ourselves in a sea of oestrogen-

like mimics. They are everywhere: in the air, water, soil, and overabundantly in our bodies. Called xeno-oestrogens, these are substances which have a powerful oestrogenic effect on the body, are fat-soluble and non-biodegradable. They are also dangerously toxic.

We presently live in a world awash with petrochemicals. Petrochemicals are everywhere. Our machines run on petrochemicals, and millions of products including plastics, microchips, medicines, clothing, foods, soaps, pesticides and even perfumes are either made from petrochemicals or contain them. The popular slogan in the early 1950s, "Better Living Through Chemistry", is returning to haunt us.

The legacy of this pollution has resulted in an epidemic of reproductive abnormalities, including the steadily increasing number of cancers of the reproductive tract, infertility, low sperm-counts, poor sperm-quality and the feminisation of males. The potential consequences of this overexposure are staggering, especially considering that one of the consequences is the passing on of reproductive abnormalities to offspring.[7]

Just how serious is this problem? In a May 1993 article in the British medical journal, *The Lancet*, researchers in Scotland and Denmark hypothesised that xeno-oestrogens are responsible for a steadily declining sperm-count in men. According to Neils Skakkebeak of the University of Copenhagen, sperm counts have dropped by more than 50 per cent since 1940. Meanwhile, the rate of testicular and prostate cancer in the United States and Europe has tripled in the past 50 years. Reproductive abnormalities such as undescended testicles have become increasingly common.

Xeno-oestrogens are also implicated in impaired brain development in children.[8] They are also directly implicated in the 30 to 80 per cent increase in breast, ovarian and uterine cancers in women over the past 50 years.[9]

In some rural communities in Australia, where heavy pesticide use has left residuals in drinking water, there have been reports of boys with abnormally small penises, along with reports of the feminisation of males and the masculinisation of females.

It is time for us to wake up and pay heed to these warnings for the sake of future generations. You can play your part in protecting your grandchildren and great-grandchildren in the same ways you can protect yourself: by refusing to use pesticides, minimising your use of plastics, purchasing hormone-free meat and organic produce, using 'green' products for detergents and household cleaners, and, in general, using 'natural' products in favour of petrochemical products.

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The Myth of Oestrogen Deficiency

The trend these days is to push hormone replacement therapy (HRT), featuring synthetic oestrogens and progestins, onto all menopausal women. Unfortunately, however, this enthusiasm for drugs is not backed up by the facts. Oestrogen deficiency is loudly proclaimed by medical practitioners, pharmaceutical advertising and many lay publications as the primary cause of all the symptoms attributed to menopause and post-menopause, such as mood swings, depressions, hot flushes, vaginal dryness, loss of sex-drive and accelerating osteoporosis.

But is there really such a thing as oestrogen deficiency? While it is true that menopause is associated with decreasing oestrogen levels, it is not known whether these decreased levels of oestrogen do in fact cause all the symptoms of menopause.

Dr Carolyn DeMarco, author of *Take Charge of Your Body* and a physician specialising in women's health issues, says there is no direct proof that oestrogen-lack causes heart disease or other ailments associated with the menopause.

Germaine Greer, well-known feminist and author of *The Change*, writes that "the proponents of HRT have never proved that there is an oestrogen deficiency, nor have they explained the mechanism by which the therapy of choice effected its miracles. They have taken the improper course of defining a disease from its therapy."

Dr Jerilyn Prior, researcher and Professor of Endocrinology at the University of British Columbia in Vancouver, BC, Canada, points out that no study proving the relationship between oestrogen deficiency and menopausal symptoms and related diseases has yet been done. "Instead," says Dr Prior, "a notion has been put forward that since oestrogen levels go down, this is the most important change and explains all the things that may or may not be related to menopause. So oestrogen treatment at this stage of our understanding is premature. This is a kind of backwards science. It leads to ridiculous ideas—like calling a headache an aspirin-deficiency disease."[10]

Considering that Western women tend to have a 10-to-15-year period prior to menopause when they are oestrogen-dominant and suffering from oestrogen-dominance symptoms, why are their doctors prescribing them still more oestrogen?

Dr Prior has shown that, during menopause, progesterone decreases to 1/120th of baseline levels, whereas oestrogen decreases to one-half to one-third of pre-menopausal baseline levels. Would it not be wiser to consider the progesterone-loss effect when evaluating post-menopausal symptoms and such related conditions as osteoporosis, heart disease, depression and loss of sex-drive?

In most menopausal women, oestrogen levels are below those necessary for pregnancy but sufficient for other normal body functions. The oestrogen "deficiency" hypothesis as an explanation of most menopausal symptoms or health problems is thus not supported by the facts of oestrogen blood levels, by worldwide ecological studies or by endocrinology experts.

Dr Lee believes that "Menopause *per se* should be regarded as a normal adjustment reflecting a benign change in a woman's biological life away from child-bearing and onward to a period of new personal power and fulfilment. The Western perception of menopause as a threshold of undesirable symptoms and regressive illness due to oestrogen deficiency is an error not supported by fact. More accurately, we should view our menopause problem as an abnormality brought about by industrialised cultures' deviation from a healthy lifestyle."

Synthetic Hormones and the Havoc they Wreak

With hindsight, it will very likely be recorded in history that the widespread prescribing of synthetic hormones to women was the biggest medical bungle of the century. Most women taking the contraceptive pill and HRT have very little idea about the hormones they are putting into their bodies; nor are they knowledgeable about their side-effects.

Oral contraceptives are made with synthetic oestrogen and synthetic progestins (known as the combined Pill). In the early 1960s the Pill was widely marketed as an effective, safe and convenient method of birth control. However, the initial trials were flawed and inadequate.[11] Nonetheless, the Pill was promoted with all the enthusiasm the pharmaceutical companies could muster.

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Dr Ellen Grant, author of *The Bitter Pill* and *Sexual Chemistry*, was an early researcher of synthetic hormones and their effects on health. Back in the 1960s she was shocked when synthetic hormones were not withdrawn from the market due to their known, serious side-effects.

So, just what are the effects of suppressing natural hormones with synthetic ones? The Pill literally stops menstruation, and bleeding occurs each month only because the synthetic hormones are not taken for seven days of the cycle. The bleeding that occurs would be more accurately termed "withdrawal bleeding", not menstruation.

Taking the combined Pill increases the risk of coronary artery disease, breast cancer and high blood-pressure. The side-effects include nausea, vomiting, headaches, breast tenderness, weight increases, changes in sex- drive, depression, blood clots and increased incidence of vaginitis. Also, women with a history of epilepsy, migraine, asthma or heart disease may find their symptoms worsen.[12] Many of these effects may persist long after women discontinue taking the Pill.

According to Nancy Beckham in her book, *Menopause—A Positive Approach Using Natural Therapies*, "Women on the Pill have a greater tendency to liver dysfunction and to more allergies. Oestrogen drugs also affect vitamin concentrations. Vitamin A levels may be raised in the blood; vitamins B12 and C may be lowered. The clinical significance is not yet known."

The introduction of the mini-Pill and Depo-Provera, both of which are made from synthetic progestins, is equally disturbing to women's hormonal health, with all the previously listed side-effects and risks.

Hormone replacement therapy was the next great discovery to arrive, following on from the Pill. The pharmaceutical companies had found another lucrative market for their synthetic hormones: the menopausal woman! While HRT is given at lower doses than the Pill, the side-effects are often more subtle and are slower to show up. HRT is now available in a variety of forms: pills, patches and implants. One of the most popular synthetic oestrogens is Premarin, which is made from the urine of pregnant mares—just what a woman's body needs!

Hormone Addiction

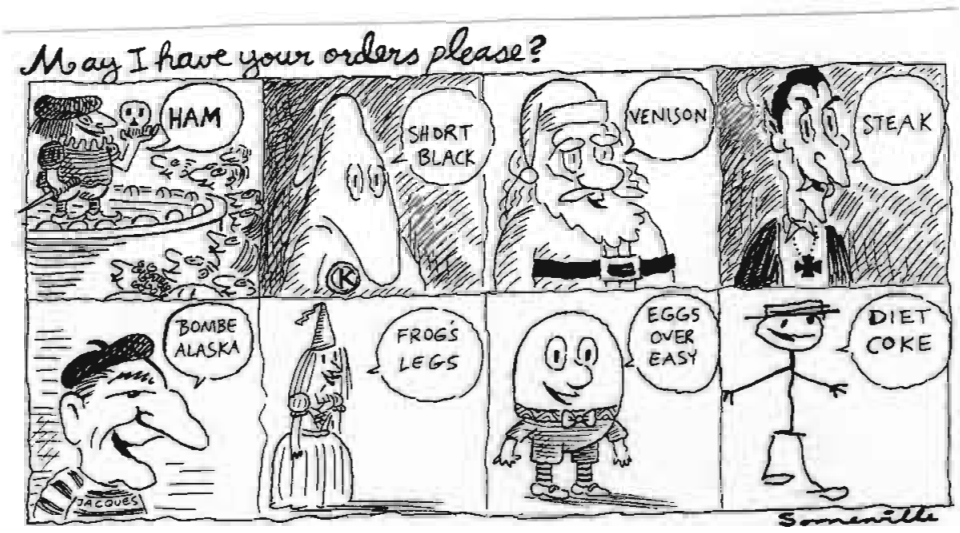
What is little-known about taking HRT is that it is an addictive drug. A former president of the London Royal College of Psychiatrists warns that oestrogen used in HRT to counteract symptoms of menopause could be as addictive as heroin.[13]

In the 1970s, testing was conducted on two groups of menopausal women. Half received oestrogen replacement and the other half sugar pills. All were monitored for insomnia, nervousness, depression, dizziness, weakness, joint pain, palpitations, prickling sensations and hot flushes.

Both groups of women experienced dramatic improvement during the first 90 days of the study, except that the sugar-pill group experienced more discomfort from hot flushes. When the groups were switched, those who had initially received oestrogen experienced a pronounced return of their symptoms. It became apparent that, once oestrogen replacement stopped, a 'cold turkey' withdrawal effect was often experienced. This was especially true with implants, since the blood oestradiol levels may become much higher than the body would normally produce.[14]

Nancy Beckham warns that "Women on hormone replacement therapy who have enhanced well-being when their oestradiol levels are very high, but feel unwell when their blood levels are normal, may be experiencing reactions similar to those of people on social drugs.

"It is well-researched knowledge that when you first have these drugs they give you a lift, which is pleasant. As you get used to the substance you find you need more to give you the same effect, and ultimately your body craves a high level even though you may be unwell. When the substance in your blood drops below a certain level, you can experience withdrawal symptoms such as flushing, perspiration, sleep disturbance, shaking and other nervous reactions."



While it is easy to prescribe HRT for women, there is hardly any medical data concerning the effects of stopping HRT in women who have received long-term treatment.[15] In one trial lasting three-and-a-half years, withdrawal lasted for six months.

So, unbeknownst to women, 'menopause's little helper' could in fact be making oestrogen junkies out of them. It's great news for the pharmaceutical companies, but a calamity of untold proportion for women. Not only do they experience a wide range of physical symptoms but they also suffer from psychiatric disturbances.

Dr Ellen Grant has said that "when higher-than-expected rates of attempted suicide and violent deaths were recorded among HRT-takers, the excuse was that more women suffering from depression are put on oestrogens in an attempt to treat them." Oestrogens are rarely considered as an implicating factor in depressive behaviour.

Hormone Balance and Illness: Debunking the Myths

HRT is now almost universally recommended to menopausal women for a wide variety of reasons. The two most significant reasons women are encouraged to embark upon the HRT bandwagon are HRT's supposed contribution in preventing or lessening the effects of osteoporosis and of cardiovascular disease. The tremendous fear of these two illnesses that is instilled by well-meaning doctors—who, after all, are the targets of effective pharmaceutical advertising and education (usually the only source of information they receive about these products)—often overrides a woman's natural instincts.

It's time to unravel the myths that hide the real story.

• Osteoporosis

To understand osteoporosis it is important to know a bit about bones. Bone-forming cells are of two different kinds. One type are called osteoclasts, and their job is to travel through the bone in search of old bone that is in need of renewal. Osteoclasts dissolve bone and leave behind tiny unfilled spaces. Osteoblasts move into these spaces in order to build new bone. A lack of oestrogens, as experienced at menopause, indirectly stimulates the growth of osteoclasts, thus increasing the risk for developing osteoporosis. HRT containing oestrogen should therefore help prevent osteoporosis. From this point of view it does.

However, osteoclast cells have been shown to have no oestrogen receptors in themselves, so cannot directly build new bone. On the other hand, osteoblast cells, which are responsible for making new bone, have been shown to have not oestrogen but *progesterone* receptors. What this means is that it is progesterone (the natural form, not the synthetic progestins), *not* oestrogen, which is responsible for building bone tissue.

This view is upheld in the *Scientific American Updated Medicine Text 1991*, which states, "Oestrogens decrease bone resorption, but associated with the decrease in bone resorption is a decrease in bone formation. Therefore, oestrogen should not be expected to increase bone mass." The authors also discuss oestrogen side-effects, including the risk of endometrial cancer which "is increased sixfold in women who receive oestrogen therapy for up to five years; the risk is increased to fifteenfold in long-term users."

Dr Kitty Little from Oxford found masses of tiny clots in the bones of rabbits treated with hormones. She is convinced that HRT in the form of oestrogen and progestins will increase the risk of osteoporosis. Blood clots originate from sticky clumps of platelet cells in the blood. She believes that blood clots in the bones can cause bone to break down, leading to osteoporosis.[16]

More and more research findings are emerging that challenge the oestrogen-deficiency/osteoporosis relationship and reinforce the progesterone-deficiency link. The results of a three-year study of 63 post-menopausal women with osteoporosis verify this. Women using transdermal progesterone cream experienced an average 7 to 8 per cent bone-mass density *increase* in the first year, 4 to 5 per cent in the second year, and 3 to 4 per cent in the third year! Untreated women in this age category typically *lose* 1.5 per cent bone-mass density per year! These results have not been found with any other form of hormone replacement therapy

MYTHS OF OSTEOPOROSIS

Dr John Lee, author of *What Your Doctor May Not Tell You About Menopause*, writes this about the myths of osteoporosis:

Myth #1: Osteoporosis is a calcium-deficiency disease.

Most women with osteoporosis are getting plenty of calcium in their diet. It is quite easy to get the minimum daily requirement of calcium in even a relatively poor diet. The truth is that osteoporosis is a disease of excessive calcium-loss caused by many factors. In osteoporosis, calcium is being lost from the bones faster than it is being added, regardless of how much calcium a woman consumes.

Myth #2: Osteoporosis is an oestrogen-deficiency disease.

Not even basic medical texts agree with this. It is a fabrication of the pharmaceutical industry with no scientific evidence to support it. Osteoporosis begins long before oestrogen levels fall, and accelerates for a few years at menopause. Taking oestrogen can slow bone-loss for those few years, but its effect wears off within a few years after menopause. Most importantly, oestrogen cannot rebuild new bone.

Myth #3: Osteoporosis is a disease of menopause.

This is at least a decade short of the truth. Osteoporosis begins anywhere from five to 20 years prior to menopause, when oestrogen levels are still high. Osteoporosis accelerates at menopause or when a woman's ovaries are surgically removed or become non-functional, such as can happen after hysterectomy. It is staggering to think how many thousands or millions of women have been doomed to a crippled old age or early death because their ovaries and/or uterus were unnecessarily removed before menopause and natural progesterone replacement was ignored.

or dietary supplementation![17]

Bone loss is the result of many other factors besides progesterone deficiency. Excess protein in the form of meat and dairy products (contrary to the dairy industry's advertising) contributes to bone loss. An acidic condition is created in the blood which then pulls out calcium from the bones to neutralise it. Another major factor is lack of exercise. Bone growth is dependent on weight- bearing exercise. In addition, sugar, diuretics, antibiotics, fluoride, cigarettes, alcohol abuse and cortisone are all deleterious to bones.

To sum it up, post-menopausal osteoporosis is a disease of excess bone-loss caused by a progesterone deficiency and, secondarily, by a poor diet and lack of exercise. Progesterone restores bone mass. Natural progesterone hormone is an essential factor in the prevention and proper treatment of osteoporosis at any age.[18]

• Cardiovascular Disease

Oestrogen is being touted by mainstream medicine as a great preventer of cardiovascular disease in women and therefore a major reason to have women on HRT.

According to Dr Lee, the one notable study which formed the entire basis of the positive oestrogen-cardiovascular link—the 1991 *New England Journal of Medicine* report known as the Nurses' Questionnaire Study, conducted with a large sampling of nurses—was radically flawed and the statistics manipulated.[19] Although there is ample evidence from numerous other studies showing that, indeed, the *opposite* is true—that oestrogen is a significant factor in *creating* heart disease—these findings have been virtually ignored in the frenzy for profits. He goes on to say that the pharmaceutical advertisements also neglected to mention the fact that stroke death incidence from that study was 50 per cent higher among the oestrogen users.

Nancy Beckham's research into the oestrogen-cardiovascular link reveals the following:[20]

• High doses of oestrogens are likely to be thrombogenic (blood-clotting) during use, and it is possible that even moderate doses may increase the risk of clotting among women who smoke or who already have clogged arteries. Reports are now starting to come in, indicating that high-dose oestrogens, particularly as experienced with oestradiol implants, cause hypercoagulability, which means that the blood has a tendency to clot, thereby increasing the risk of heart attack and stroke.

• A British medical report also states that the cardiovascular effects of synthetic progestins used with oestrogen in the much larger number of women who have not undergone hysterectomy are unknown.

• Some researchers do not consider that heart disease is linked to the cessation of the body's oestrogen production. (Actually, it is inaccurate to use the word "cessation", since oestrogen production is only reduced in menopause.)

Natural progesterone also seems to play a significant role in protecting women from cardiovascular disease. We know now that anovulatory cycles and lowered progesterone levels occur prior to menopause, and progesterone levels after menopause are close to zero. Oestrogen, on the other hand, falls only 40 to 60 per cent with menopause. A woman's passage through menopause results in a greater loss of progesterone than of oestrogen. Perhaps the increase in heart risk after menopause is due more to progesterone deficiency than to oestrogen deficiency. Dr Lee has noted in his clinical experience that lipid profiles improve when progesterone is supplemented.[21]

What is known about progesterone is that it increases the burning of fats for energy and, in addition, has an anti-inflammatory effect. Both of these actions could be protective against coronary heart disease. Progesterone protects the integrity and function of cell membranes, whereas oestrogen allows the influx of sodium and water while allowing the loss of potassium and magnesium. Progesterone, a natural diuretic, promotes better sleep patterns and helps one deal with stress. When the known actions of progesterone are reviewed, it is clear that many of its actions are also beneficial to the heart.

When it comes to increased risk of coronary heart disease, dietary factors are extremely important. Heart disease risk is increased by the following: overeating in general; animal fat, sugar and refined carbohydrates; overprocessed foods; excess salt or sodium; trans-fatty acids; lack of fibre; magnesium and/or potassium deficiency; and lack of antioxidant-rich food or supplements such as vitamins C, E, and A, beta-carotene and selenium. Stress is also a risk factor for heart deaths.

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• Cancer

The evidence connecting female cancers of the breast, uterus and ovaries with high oestrogen levels is growing. Oestrogen's job in the uterus is to cause proliferation of the cells. Under the influence of oestrogen, uterine cells multiply faster, and then progesterone should normally come on the scene with ovulation and stop the cells from multiplying. Progesterone causes the cells to mature and enter the secretory phase that causes the maturing of the uterine lining, which is now ready to receive a possible fertilised egg. Oestrogen is the hormone that stimulates cell proliferation, and progesterone is the hormone that stops growth and stimulates ripening.

Oestrogen dominance also stimulates breast tissue. Premenstrual women who suffer from oestrogen dominance often suffer from breast-swelling and tenderness. Progesterone, as a hormone of maturation, brings the cells back into balance and thus can eliminate breast tenderness.

There is certainly an alarmingly high incidence of breast and uterine cancer amongst Western women. There is evidence that breast cancer occurs most often at the stage of life when oestrogen is dominant for the full month and progesterone is not coming in at the halfway point of ovulation. Dr Graham Colditz, of Harvard University, maintains that unopposed oestrogen is responsible for 30 to 35 per cent of breast cancers.[22] Some experts would put that percentage even higher.

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Johns Hopkins Private Obstetrics and Gynecology Clinic accumulated 40 years of research which was published in the *American Journal of Epidemiology* in 1981.[23] What they discovered was that, when the low-progesterone group was compared to the normal-progesterone group, the occurrence of breast cancer was 5.4 times greater in the women in the low-progesterone group. That is, the incidence of breast cancer in the low-progesterone group was over 80 per cent greater than in the normal-progesterone group.

When the study looked at the low-progesterone group for all types of cancer, they found that women in this group experienced a tenfold increase for all malignant cancers, compared to the normal-progesterone group. This would suggest that having a normal level of progesterone protected women from nine-tenths of all cancers that might otherwise have occurred.[24]

It is interesting to note that the study disappeared into oblivion when there was no money available to pursue the obvious implications of a progesterone-deficiency role in cancer.

In a 1995 study published in the *Journal of Fertility and Sterility*, researchers did a double-blind randomised study examining the use of topical progesterone cream and/or topical oestrogen in regard to breast cell growth. The results showed that women using progesterone had dramatically reduced cell-multiplication rates compared to the women using either the placebo or oestrogen. The women using only oestrogen had significantly higher cell multiplication rates than any of the other groups. The women using a combination of progesterone and oestrogen were closer to the placebo group.[25]

This exciting study provides some of the first direct evidence that oestradiol significantly increases breast cell growth, and that progesterone impressively decreases cell proliferation rates even when oestrogen is also supplemented.

At this point, it's important to explore the implications of the experimental drug Tamoxifen which is being prescribed to women with breast cancer. Since it is proposed to have anti-oestrogenic effects, it is used as a breast cancer treatment since it blocks the uptake of oestradiol and oestrone (the cell-proliferating oestrogens), thereby protecting the breast tissue from the cancer-promoting oestrogens present in the body. A growing number of doctors insist that the same results can be achieved by giving natural progesterone.

Uterine cancer is one of the possible side-effects of Tamoxifen. One study showed that 27 per cent of women taking Tamoxifen showed hyperplastic (unfavourable new growth) changes in their wombs within 15 months.[26]

Tamoxifen is carcinogenic and can cause an early menopause, osteoporosis, endometrial cancer, liver cancer and clotting disease. Taking 20 milligrams of Tamoxifen per day can increase the risk for developing endometrial cancer by up to five times. Clotting disorders are seven times more frequent. One study showed just a meagre 0.7 per cent benefit for women taking Tamoxifen preventively to reduce the risk of developing further tumours in the breast.[27]

It is also interesting to note that menstruating women who have breast surgery carried out during the second half of their menstrual cycle—the luteal phase, when progesterone is high in order to balance oestrogens—survive far longer than do

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women whose surgery is done early on in their cycle during the oestrogen-dominant follicular phase.[28]

The only known cause of endometrial cancer is unopposed oestrogen. Here again, the culprits are oestradiol and oestrone. Oestrogen supplements given to post-menopausal women for five years increase the risk of endometrial cancer six-fold, and longer-term use increases it fifteenfold. In pre-menopausal women, endometrial cancer is extremely rare, except during the five to 10 years before menopause when oestrogen dominance is common.[29]

Synthetic hormones are also linked to cervical cancer. The cells of the cervix are extremely hormone-sensitive. Levels of synthetic progestins, low enough not to alter the cells of the lining of the womb, have been shown to change the cells that line the cervix. Progestins dry up cervical secretions, and this may be part of the reason why cancer of the cervix develops quickly in the presence of cervical infections.[30]

It was predicted in the 1960s that the Pill would increase the chances of a woman developing a melanoma, the most lethal of all skin cancers. Hormones control the pigmentation of our skin, and melanoma cancer cells have oestrogen receptors which can make the growth of cancer more likely. Women taking HRT are at greater risk of developing melanomas than the average woman.[31]

Dr Lee strongly believes that because of its many benefits, its great safety, and particularly its ability to oppose the carcinogenic effects of oestrogens, natural progesterone deserves far more attention and application than it is generally given in the prevention and care of women's health problems today.

The long road we have been travelling over the past 35 years, that has encouraged and promoted the wide range of synthetic hormone products, is taking us to a deadly dead-end. The scare-tactic techniques and intimidation employed by doctors and pharmaceutical companies alike to use such products, often overriding a woman's better judgement, have pushed millions of women into using drugs that are unproven and unsafe. It is no surprise, therefore, that Dr Lee has issued an ominous warning when he says, "We will soon regard making oestrogen the key ingredient in hormone replacement therapy as a major medical mistake."[32]

Women must be able to make educated, informed choices about their bodies and their health treatment preferences. It's impossible to make important health decisions if fundamental facts are missing or misconstrued. It is also evident that the health care providers, whom we have come to rely upon, either have not received adequate, unbiased education themselves or have become imprisoned by their own arrogant and narrow-minded points of view.

It is really up to every woman to read, question, trust her natural instincts and learn about her own body. It is also essential that a woman honour her own cyclic nature and intuitive wisdom. It is a woman's right to choose with dignity the best approach to her own health care. ∞

Endnotes

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Sherrill Sellman presently lives in Melbourne where she conducts a private psychotherapy practice, in addition to giving lectures, researching and writing about topics of interest and concern to her relating to women's health empowerment. She is a contributing writer to holistic publications in Australia, New Zealand, Canada and the United States.

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